



EDUCATOR CERTIFICATION/CONDUCT AND INVESTIGATIONS
MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF TEACHER QUALITY AND URBAN EDUCATION
POST OFFICE BOX 480, JEFFERSON CITY, MISSOURI 65102-0480
(573) 522-8315 OR (573) 522-8316

INSTITUTIONAL VERIFICATION OF STUDENT STATUS

A: TO BE COMPLETED BY APPLICANT.

SOCIAL SECURITY NUMBER*

CURRENT NAME (LAST, FIRST, MIDDLE INITIAL)

ALL MAIDEN/FORMER NAMES

STREET ADDRESS

CITY, STATE, ZIP CODE

DATE OF BIRTH

MALE ☐

FEMALE ☐

PHONE NUMBERS

H ()

W ()

*View Social Security Number Disclosure Notice at <http://dese.mo.gov/schoollaw/freqaskques/SSNUsage.htm>

I hereby give the college/university permission to release any and all information required in Section B.

LEGAL SIGNATURE OF APPLICANT

⇒

DATE

B: TO BE COMPLETED BY COLLEGE/UNIVERSITY SYSTEM

☐ I confirm that the above-named individual is currently enrolled in a professional education course in conjunction with a state approved teacher preparation program.

☐

NAME OF COLLEGE/UNIVERSITY

DATE

ADDRESS

CITY/STATE/ZIP

NAME (PRINTED)

TELEPHONE

TITLE (Chairman of Education Department/Certification Officer)

SIGNATURE

PLEASE RETURN THIS FORM TO THE MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION,
EDUCATOR CERTIFICATION/CONDUCT AND INVESTIGATIONS SECTION, POST OFFICE BOX 480, JEFFERSON CITY,
MISSOURI 65102-0480.

DO NOT RETURN THIS FORM TO THE STUDENT.